

SAMHSA's Center for Financing Reform & Innovations (CFRI)

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The Center for Financing Reform and Innovations (CFRI) provides information, analysis, products, and technical assistance to address changes in the organization and financing of behavioral health care, and to guide Federal officials, States, Territories, Tribes, communities, and private payers on the most effective and efficient use of available resources to meet the prevention, treatment, and recovery support needs of the American public.

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National News

- **HHS finalizes Medicaid essential health benefits rule implementing behavioral health parity.** Amending previous rules, HHS finalized a [rule](#) implementing new regulations and **essential health benefits** (EHB) requirements for **Medicaid Alternative Benefit Plans** (ABPs), previously known as Medicaid Benchmark and Benchmark-equivalent plans. Under the ACA's Medicaid expansion, states will enroll nearly all newly-eligible enrollees in an ABP, except individuals with certain exemptions who will be enrolled into the standard Medicaid plan for the non-expansion population. The rule also expands the "medically frail" exemption to include individuals with chronic substance use disorders, allowing them to choose between the state's standard Medicaid plan and its ABP. Additionally, the rule implements the ACA's requirement that ABPs provide behavioral health coverage at parity with general medical coverage, as outlined under the [Mental Health Parity and Addiction Equity Act of 2008](#) (MHPAEA). The rule also confirms that ABPs must cover the ACA's ten **essential health benefits** (EHBs) and reiterates the permissible benchmark plans, noting that states may select a different benchmark plan for Medicaid than for private plans offered through their **Health Insurance Marketplace**. In addition, under the rule, ABPs must cover **Early and Periodic, Screening, Diagnostic, and Treatment** (EPSDT) preventive services for all children under age 18, and for 19- and 20-year-olds when medically necessary. However, the rule also clarifies that all foster children may enroll in standard Medicaid plans, which must cover EPSDT coverage until age 21. Finally, the rule implements new eligibility and enrollment procedures for Medicaid, CHIP, and marketplaces ([LifeHealthPro, 7/5](#)).
- **HHS awards \$250 million for insurance enrollment assistance, finalizes Marketplace navigator rule.** On July 10, the **U.S. Department of Health and Human Services** (HHS) awarded \$150 million in **Outreach & Enrollment Assistance** grants to [1,159 community health centers](#). Located in all 50 states, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, and the Virgin Islands, awardees will provide in-person enrollment assistance to individuals seeking insurance under the ACA. According to **HHS Secretary Kathleen Sebelius**, the funds are expected to support an additional 2,900 outreach and eligibility assistance workers. In related moves, HHS also expanded its **Health Insurance Marketplace** education and outreach contract by \$33 million and created a [website](#) to provide ACA information for employers. Additionally, on August 15, HHS awarded \$67 million in **Navigator Cooperative Grants** to [105 organizations](#) that will serve as marketplace navigators. Located in all 33 states with federally-facilitated or state-partnership marketplaces, the organizations will provide an in-person resource for individuals seeking enrollment assistance. Meanwhile, on July 12, HHS also published a [rule](#) finalizing certification and training standards for navigators in federally-facilitated and state-partnership **Health Insurance Marketplaces**, as well as certain non-navigator assistance personnel in state-based Marketplaces. Under the rule, though they may be insurance brokers, navigators must have expertise in the needs of underserved and vulnerable populations and may not receive any consideration from insurers ([HHS, 7/10](#); [HHS, 8/15](#); [Kaiser Health News, 7/10](#); [The Hill, 7/17](#); [The Hill, 7/12](#); [HHS, 8/1](#)).

- **HHS awards \$487.4 million for Marketplace development and administration.** Continuing to support the development of **Health Insurance Marketplaces** before open enrollment begins on October 1, HHS [awarded](#) Establishment Grants to Colorado and Vermont. Colorado received a \$116 million **Level Two Establishment** grant, while Vermont received a \$42 million **Level One Establishment** grant to support technological improvements not funded under its previous Level Two grant. In a separate allocation, HHS also awarded a five-year, \$329.4 million, contract to the credit reporting agency **Equifax** to help verify consumers' Marketplace eligibility ([Denver Post, 7/10](#); [AP via The Republic, 7/11](#); [New York Times, 7/17](#)).
- **Illinois and Oregon expand Medicaid, Arkansas submits premium assistance waiver.** As authorized under the ACA, the governors of [Illinois](#) and [Oregon](#) signed bills **expanding Medicaid** to all individuals with incomes up to 138 percent of the federal poverty level (FPL). Additionally, the **Arkansas Department of Human Services** formally submitted its [Section 1115 Research and Demonstration waiver](#), which would allow the state to provide private premium assistance with Medicaid expansion funds ([Chicago Tribune, 7/22](#); [Oregon Statesman-Journal, 7/2](#); [Arkansas News Bureau, 8/6](#)).
- **CMS proposes increasing Medicare inpatient psychiatric reimbursements.** On July 30, **CMS** issued a proposed [rule](#) that would increase Medicare's reimbursement rate for **inpatient psychiatric services** by 2.3 percent in FY2014. According to CMS, the new rate would increase total reimbursements by \$115 million, affecting 1,143 hospital-based psychiatric units and 481 freestanding facilities ([CMS, 8/2](#)).
- **SAMHSA releases Medicaid handbook for state behavioral health agencies.** On August 2, SAMHSA published the [Medicaid Handbook: Interface with Behavioral Health Services](#) to provide a comprehensive review of the Medicaid program and its role in behavioral health services. Packaged in ten modules, the handbook covers a wide range of topics, including general information on how state programs interact with HHS and state-by-state details regarding Medicaid covered services and provider reimbursements ([SAMHSA](#)).
- **SAMHSA awards \$4.73 million to expand children's services and EHR systems.** **SAMHSA** awarded \$3.98 million in **System of Care Expansion Planning** grants to expand services for youth with serious emotional disturbances and allocated \$750,000 in grants to help opioid treatment providers develop **electronic health record (EHR)** systems. System of Care grantees will use the funds to develop comprehensive strategic plans, while EHR grantees will "fulfill regulatory requirements, achieve certified status, and gain interoperability with other patient health record systems" ([SAMHSA, 7/15](#); [SAMHSA, 7/5](#)).
- **FDA approves Zubsolv for opioid addiction treatment.** On July 4, **Orexo** [announced](#) that the **FDA** approved **Zubsolv** as a treatment for opioid addiction. Zubsolv is a combination of buprenorphine and naloxone, which Orexo will market as an alternative to **Subutex** and **Suboxone** ([Reuters, 7/4](#)).

State News

- **HI, IL, NM, NY, and OR award \$78.3 million for insurance enrollment assistance and outreach.** In advance of **Health Insurance Marketplaces'** open enrollment on October 1, states continued to issue contracts supporting their Marketplace outreach and enrollment programs.

Illinois awarded a \$35 million marketing contract to **FleishmanHillard**, New Mexico awarded a \$7 million marketing contract to **BVK**, and Oregon launched a \$2.9 million advertising campaign with **North, Inc.** Meanwhile, New York's Marketplace awarded 50 consumer organizations a total of \$27 million to become **Marketplace navigators**, while Hawaii awarded 34 organizations a total of \$6.4 million for the same purpose. Finally, in related news, the **Missouri Department of Insurance** (MDI) filed an [emergency rule](#) to comply with a recent state law ([SB 262](#)) that establishes Missouri-specific navigator licensing requirements ([Santa Fe New Mexican, 8/8](#); [Oregon Live, 7/8](#); [Chicago Tribune, 7/12](#); [St. Louis Post-Dispatch, 7/17](#); [AP via Wall Street Journal, 7/12](#); [MDI, 7/25](#); [AP via Bloomberg BusinessWeek, 8/6](#)).

- **ID, IL, and RI award \$90.9 million for Marketplace development and administration.** Continuing to prepare for open enrollment on October 1, Idaho's **Health Insurance Marketplace** awarded **Public Consulting Group** a \$1.4 million professional services contract to oversee several Marketplace functions, including health insurance plan management. Meanwhile Illinois' Marketplace awarded **CGI Technologies and Solutions** a \$65.5 million contract to develop and maintain the Marketplace's consumer portal, and Rhode Island's Marketplace awarded **Connexions** an 18-month administrative contract worth \$24 million ([Spokesman-Review, 7/26](#); [Crain's Chicago Business, 7/22](#); [FierceHealthPayer, 8/7](#)).
- **States announce Marketplace participation and insurance rates.** Joining 18 other states and the District of Columbia, [Alabama](#), [Delaware](#), [Idaho](#), [Nevada](#), [New York](#), [North Carolina](#), [South Dakota](#), [Virginia](#), and [Wisconsin](#) announced which insurers have applied to offer plans through their **Health Insurance Marketplaces**. Additionally, [Connecticut](#), New York, and the [District of Columbia](#) joined eight other states in publishing insurers' proposed Marketplace premiums. According to the **New York Department of Financial Services**, most of the state's proposed premiums, including those for platinum-level plans, are at least 50 percent lower than those for comparable 2013 plans. Meanwhile, HHS [announced](#) that proposed Marketplace premiums nationwide are 18 percent lower than the department expected ([New York Times, 7/13](#); [Kaiser Health News, 7/26](#)).
- **California suspends Medicaid payments to 108 substance abuse treatment centers.** Citing an ongoing **California Department of Justice** (CDOJ) criminal investigation, the **California Department of Health Care Services** (CDHCS) temporarily suspended Medicaid reimbursements to 38 substance abuse treatment providers, which manage 108 treatment centers. According to CDOJ, all 108 centers are under investigation for Medicaid fraud, while some are also under investigation for staffing violations. CDHCS expects the centers to remain open until the investigation is complete ([Los Angeles Times, 8/1](#); [FierceHealthFinance, 8/5](#); [Los Angeles Times, 7/19](#)).
- **Indiana to centralize mental health services for inmates.** In response to a December 2012 district court [ruling](#), the **Indiana Department of Corrections** (IDOC) announced plans to house and treat all inmates with mental illnesses at the **Pendleton Correctional Facility** (PCF). Inmates with mental illnesses were previously incarcerated in segregated units at prison facilities throughout Indiana, which the district court recently ruled "cruel and unusual." According to

IDOC, renovations to PCF will cost \$5 million to \$7 million, and the department will hire an additional 55 staff to handle the facility's new inmates ([Correctional News, 7/17](#)).

- **Massachusetts allocates \$12.3 million for behavioral health, aligns state laws with ACA.** On July 12, **Massachusetts Governor Deval Patrick** (D) signed a \$33.6 billion [FY2014 budget](#) that allocates an additional \$40 million to Medicaid **disproportionate share hospital** funding. Under the budget instructions, \$12.3 million of the additional funding must finance inpatient and outpatient behavioral health services at safety-net hospitals. Additionally, the budget repeals the state's 2006 employer mandate, which required employers with more than 10 employees to offer health insurance or pay a penalty. According to Governor Patrick, although the ACA's employer mandate will not take effect until 2015, it still renders the state's mandate unnecessary. In a related move, Governor Patrick also signed a bill ([H 3452](#)) to further align state law with the ACA, phasing out five premium rating factors not permitted under the federal law. Although the ACA requires states to bar certain rating factors by January 1, 2014, HHS granted Massachusetts a waiver, extending the transition period to 2016 ([Boston Globe, 7/3](#); [Boston Globe, 7/11](#); [WAMC, 7/12](#); [Lowell Sun, 6/26](#)).
- **Nevada allocates \$2.1 million in contingency mental health funds.** On August 6, the **Nevada Interim Finance Committee** allocated \$2.1 million from the state's contingency fund to support the Nevada Health and Human Services Department's **Rawson-Neal Psychiatric Hospital**. The committee, which is responsible for budget decisions while the Nevada Legislature is out of session, authorized the funding to hire 23 mental health personnel and make infrastructure improvements to a hospital facility that could house up to 22 new psychiatric beds ([AP via Sacramento Bee 8/7](#); [Nevada Legislature](#)).
- **New Mexico Medicaid reimbursements remain suspended for 14 behavioral health providers.** In a case brought by eight behavioral health providers, on August 5, the **U.S. Court of Appeals for the 10th Circuit** [upheld](#) a district court's decision not to order the **New Mexico Human Services Department** (NMHSD) to resume **suspended Medicaid reimbursements**. Citing an ongoing **New Mexico Attorney General's Office** (NMAGO) probe into Medicaid overbilling, on June 25, NMHSD suspended Medicaid reimbursements to 15 behavioral health providers. According to a CMS spokesperson, NMHSD "acted in accordance with federal regulation and CMS guidance in imposing the temporary payment suspension." NMHSD has subsequently denied 11 provider appeals, has resumed reimbursements to one provider, and is still reviewing appeals from three providers. To ensure continuity of services, NMHSD has reallocated \$7.5 million from other programs to establish temporary contracts with five behavioral health providers from Arizona. According to a NMHSD spokesperson, the department plans to reallocate an additional \$10 million to cover further costs. Finally, NMHSD has agreed to provide the **New Mexico Office of the State Auditor** with copies of the outside audit that triggered the NMAGO probe; however, NMAGO rejected a request to release the audit under the New Mexico's Inspection of Public Records Act ([AP via Kansas City Star, 8/5](#); [Albuquerque Journal, 7/16](#); [Santa Fe New Mexican, 7/15a](#); [Santa Fe Public Radio, 7/26](#); [AP via The Republic, 8/5](#); [Albuquerque Journal, 7/30](#)).
- **New Mexico: HHS approves Medicaid managed care waiver.** On July 12, HHS [approved](#) NMHSD's [Medicaid Section 1115 Research and Demonstration waiver](#) to overhaul the state's

Medicaid program, which will be called **Centennial Care**. Set to begin on January 1, 2014, under the new program, four managed care organizations will provide physical, behavioral, and long-term care to nearly all Medicaid enrollees. Among other changes, Centennial Care will require co-pays for certain services, introduce incentive programs for providers and enrollees, and streamline NMHSD's Medicaid administration. Centennial Care will also reimburse for three behavioral health services not previously covered by Medicaid: respite for children, recovery services, and family support services. NMHSD released a [Frequently Asked Questions](#) (FAQ) document for behavioral health providers ([NMHSD via Health Action New Mexico, 7/15](#); [AP via Santa Fe New Mexican, 7/15b](#)).

- **New York: Medicaid supportive housing pilot will include individuals with mental illnesses.** Announced as a Medicaid cost-saving program, the **New York Department of Health** (NYDH) launched a pilot program to provide individual apartments to 5,000 Medicaid enrollees currently residing in hospital facilities, homeless shelters, group homes, and nursing facilities. According to NYDH, the enrollees do not require the ongoing residential treatment that they currently receive, and supportive housing would provide more appropriate services. Under the program, individuals would reside in 12 state-built facilities and receive counseling services, health care coordinating services, and personal finance assistance. Though the federal government will not provide matching funds for the pilot, NYDH announced that the program will reduce the state's daily, per-enrollee, Medicaid costs by \$140 or more. The New York Medicaid director announced that the state will apply for federal matching funds after the program begins, saying that the state will build a body of evidence to support a federal match ([Wall Street Journal, 8/2](#); [FierceHealthFinance, 8/8](#)).
- **New York to overhaul state mental health system in 2014.** On July 10, the **New York Office of Mental Health** (OMH) released its three-year [Regional Centers of Excellence plan](#), which OMH says will transform the state's publicly-financed mental health services and reduce costs by over \$20 million annually. According to OMH, the state's psychiatric hospital system has the capacity for over 93,000 patients, but had a 2013 census of only 3,869 individuals. In addition, OMH allocated 20 percent of its \$6.6 billion budget to inpatient mental health services in FY2013. However, beginning in 2014, the plan will consolidate the state's 24 psychiatric hospitals into 15 **Regional Centers** for inpatient mental health services and establish numerous **community mental health centers** to provide outpatient treatment and emphasize community-based services. Finally, in a separate move, OMH and DOJ [announced](#) a consent decree to allow 4,000 adults with mental illnesses who are currently living in New York City group homes to transition to supported housing. The decree settles pending litigation, alleging that OMH's treatment of these individuals violates the **Americans with Disabilities Act** (ADA). Under the decree, OMH admits no wrongdoing but will provide at least 2,000 scattered-site individual apartments and person-centered plans to transition affected individuals to community-based services ([New York Times, 7/24](#); [AP via Wall Street Journal, 7/10](#); [Albany Times Union, 7/10](#)).
- **North Carolina takes steps toward overhauling Medicaid, adjusts behavioral health reimbursement.** On July 26, **North Carolina Governor Patrick McCrory** (R) signed a \$20.6 billion FY2014 budget ([SB 402](#)) that creates a **Medicaid Reform Advisory Group** to develop "significant reforms" for the state's Medicaid program. According to the legislation, future

reforms must include better integration of physical and behavioral health as well as regional pilot programs to test new payment methodologies. The budget also introduces a new Medicaid reimbursement system for hospital-based inpatient psychiatric services. Under the new system, Medicaid will continue to reimburse \$750 per-day for most inpatient visits but will reimburse \$910 per-day for certain patients with more serious conditions. Finally, the budget also allocates a one-time payment of \$4.6 million to fund adult group homes for individuals with mental illness while the **North Carolina General Assembly** considers a permanent funding mechanism ([North Carolina Health News, 7/22](#); [Wall Street Journal, 7/26](#); [North Carolina Health News, 7/31](#)).

- **Tennessee launches statewide recovery court.** On August 1, the **Tennessee Department of Mental Health and Substance Abuse Services** (TDMHSAS) and the **Tennessee Department of Correction** (TDOC) launched the first statewide recovery court in the country. Operated by the non-profit **Davidson County Drug Court Support Foundation**, the 100-bed court will divert individuals with mental health and substance use conditions from the criminal justice system into treatment programs. According to TDMHSAS and TDOC, treating individuals in the court's programs will cost the state \$35 per-day, compared with incarceration costs of \$65 per-day ([The Chattanooga, 7/23](#); [WBIR, 7/23](#)).
- **Washington allocates state funds to administer Marketplace in 2015.** On June 30, **Washington Governor Jay Inslee** (D) signed a two-year, \$33.6 billion, 2013-2015 budget ([SB 5034](#)) that will allocate \$44.1 million to fund the state's **Health Insurance Marketplace** in 2015. Under the ACA, state-based Marketplaces must be self-sustaining by January 1, 2015 ([Puget Sound Business Journal, 7/5](#); [AP via King5, 6/30](#)).
- **West Virginia submits Medicaid enrollment and eligibility waiver.** On July 12, the **West Virginia Department of Health and Human Resources** (DHHR) submitted a [Medicaid Section 1115 Research and Demonstration waiver](#) that would allow the state to assess all Medicaid and CHIP eligibility using **modified adjusted gross income** (MAGI), beginning October 1, 2013. Under the ACA, states must use MAGI to assess eligibility for the Medicaid expansion and must switch to MAGI for all Medicaid and CHIP eligibility assessments, beginning January 1, 2014. According to the waiver, DHHR does not currently use MAGI and wishes to avoid the burden of using two income eligibility standards from October 1, 2013, to January 1, 2014 ([West Virginia Gazette, 7/12](#)).

Financing Reports

- [“A discussion with leading Medicaid directors: As FY 2013 ends, looking toward health care reform implementation in 2014”](#) Kaiser Family Foundation (KFF). Gifford, K. et al. July 31, 2013.
- [“Regulatory neutrality is essential to establishing a level playing field for accountable care organizations”](#) *Health Affairs* 32(8): 1426-1432. Bacher, G. et al. August 2013 ([ModernHealthcare, 8/6](#)).
- [“Analyzing the impact of state Medicaid expansion decisions”](#) KFF. Rudowitz, R. & Stephens, J. July 17, 2013.
- [“Arizona's expansion of Medicaid eligibility is credit positive for hospitals”](#) Moody's Investors Services, Inc. July 2013 ([FierceHealthFinance, 7/6](#)).

- **Arkansas' Medicaid premium assistance waiver would create health savings account pilot program.** "[Medicaid expansion through premium assistance: Key issues for beneficiaries in Arkansas' Section 1115 Demonstration Waiver Proposal](#)" KFF. Musumeci, M. July 19, 2013.
- **Blue Cross Blue Shield of Michigan's patient-centered medical homes saved \$155 million in three years.** "[Partial and incremental PCMH practice transformation: Implications for quality and costs](#)" *Health Services Research* published online before print. Paustain, M. et al. July 5, 2013 ([FierceHealthPayer, 7/10](#)).
- **"Existing Medicaid beneficiaries left off the Affordable Care Act's prevention bandwagon"** *Health Affairs* 32(7): 1188-1195. Wilensky, S. & Gray, E. July 2013 ([Politico, 7/9](#)).
- **Few employers to reduce employee work-hours to avoid employer mandate, report finds.** "[The Affordable Care Act: A hidden jobs killer? An examination of average weekly hours in 2013](#)" Center for Economic and Policy Research (CEPR). Jorgensen, H. & Baker, D. July 2013.
- **"Financial alignment demonstrations for dual eligible beneficiaries compared: States with memoranda of understanding approved by CMS"** KFF. July 10, 2013.
- **"Health insurance exchanges and state decisions. Exchanges must be ready to begin enrolling people by October 2013. How is each state preparing?"** *Health Affairs* Health Policy Briefs. Dash, S. et al. July 18, 2013.
- **"Cross-cutting issues: Insurer participation and competition in health insurance exchanges: Early indications from selected states"** RWJF. Holahan, J. et al. July 2013 ([FierceHealthPayer, 7/17](#)).
- **"Medicaid care management: Description of high-cost addictions treatment clients"** *Journal of Substance Abuse Treatment* 45(3): 280-286. Neighbors, C. et al. September 2013.
- **"Medicaid expansion through premium assistance: Arkansas and Iowa's Section 1115 Demonstration Waiver Applications compared"** KFF. Musumeci, M. July 26, 2013.
- **"New high risk entity: Covered California appears ready to operate California's first statewide health insurance exchange, but critical work and some concerns remain"** California State Auditor. July 2013 ([Central Valley Business Times, 7/18](#)).
- **New York: Involuntary outpatient commitment law reduced treatment costs for affected individuals in New York City by 50 percent in first year.** "[The cost of assisted outpatient treatment: Can it save states money?](#)" *American Journal of Psychiatry* published online before print. Swanson, J. et al. July 30, 2013 ([New York Times, 7/30b](#)).
- **Oregon: Rate review program reduced health insurance premium increases by \$155 million from 2010 to 2014.** "[Accountability in action: rate review cuts over \\$69 million in waste from 2014 health insurance premiums](#)" Oregon State Public Interest Research Group. July 29, 2013 ([The Lund Report, 7/29](#)).
- **"Private health insurance: The range of base premiums in the individual market by state in January 2013"** GAO. July 23, 2013 ([FierceHealthPayer, 7/26](#)).
- **States not currently expanding Medicaid are collectively forgoing \$345.9 billion in federal funds over ten years.** "[The cost of not expanding Medicaid](#)" Urban Institute on behalf of KFF. Holahan, J. et al. July 17, 2013.

- **Uninsured could fall 47 percent under full ACA implementation, KFF finds.** ["State and local coverage changes under full implementation of the Affordable Care Act"](#) KFF. Kenney, G. et al. July 31, 2013.
- **["What is Medicaid's impact on access to care, health outcomes, and quality of care? Setting the record straight on the evidence"](#)** KFF. Paradise, J. & Garfield, R. August 2, 2013.